



## BALTIMORE'S IMMUNIZATION REGISTRY PROGRAM USER'S ACCOUNT CHANGE REQUEST FORM

Instructions: This form is used to create, change or delete clinic practices, names of individual healthcare providers and BIRP users. Clinics may have one or more healthcare provider(s). One or more BIRP user accounts can be created for each clinic or public health program. Print and complete this form, then fax it to 410-396-3965. Please allow up to 2 business days for the system administrator to review and enter your submission. Please call 410-545-3048 if you have questions or need additional information.

Date Requested  
By

  

Action Requested

☐

Create

☐

Change

☐

Delete

... For A

☐

Clinical Practice / Provider

☐

BIRP User

User Name or Healthcare  
Provider Name (F, M, L)

Job Title

Name of Clinical Practice /  
LHD Program Name

Address Line #1

Address Line #2

City State Zip

Maryland County

Telephone #

FAX #

E-Mail Address

BIRP Log-In I.D.

BIRP User's Password

-----  
To Be Completed by BIRP System Administration

BIRP User ID

BIRP Access Level

BIRP Healthcare Facility (Clinic) Code

Date Completed

